

**CHRISTOPHER WAYNE LESTER
MADISON MEDICAL GROUP
RECORDS
14-N**

LESTER, CHRISTOPHER W.
December 28, 2000
Page 8

Saghir R. Mir, MD

PLEASE NOTE: The opinions rendered in this case are the opinions of this evaluator. Recommendations regarding work and impairment ratings are given totally independently of the requesting agents. This evaluation has been conducted on the basis of the medical examination and documentation as provided with the assumption that the material is true and correct. If more information becomes available at a later date, an additional service, report/reconsideration may be requested. Such information may or may not change the opinions rendered in this evaluation. This opinion is based on a clinical assessment, examination and documentation. Any recommendation on impairment is based on AMA Guidelines, Fourth Edition. This opinion does not constitute, per se, a recommendation for specific claims or administrative functions to be made or enforced. Medicine is both an art and a science; and although a patient may appear to be fit to return to duty, there is no guarantee that the patient will not be reinjured or suffer additional injury once he returns. If further information is required, please contact me.

BLACK INK**INSTRUCTIONS**

2 of 6

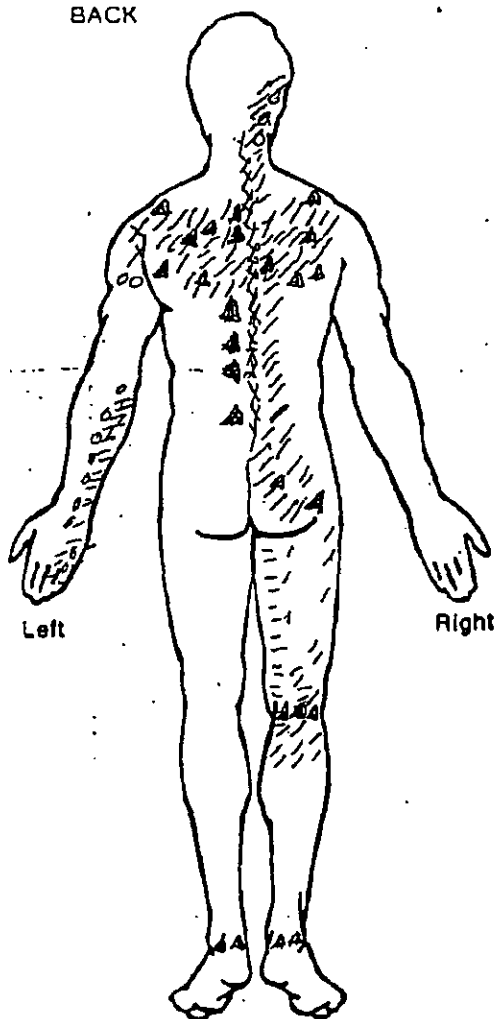
Where is your pain? How does it feel? Draw your pain using the following key. Do not indicate areas of pain which are not related to your present injury or condition. Draw in your face.

KEY

/// Stabbing	X X X Burning	000 Pins and Needles	▲▲▲ Aching, Throbbing	= = = Numbness	... Other
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CHRISTOPHER W. LESTER, SR. DOB: [REDACTED]-71 SS [REDACTED]-3340 DOI: 03-10-00
CLAIM #2000046841

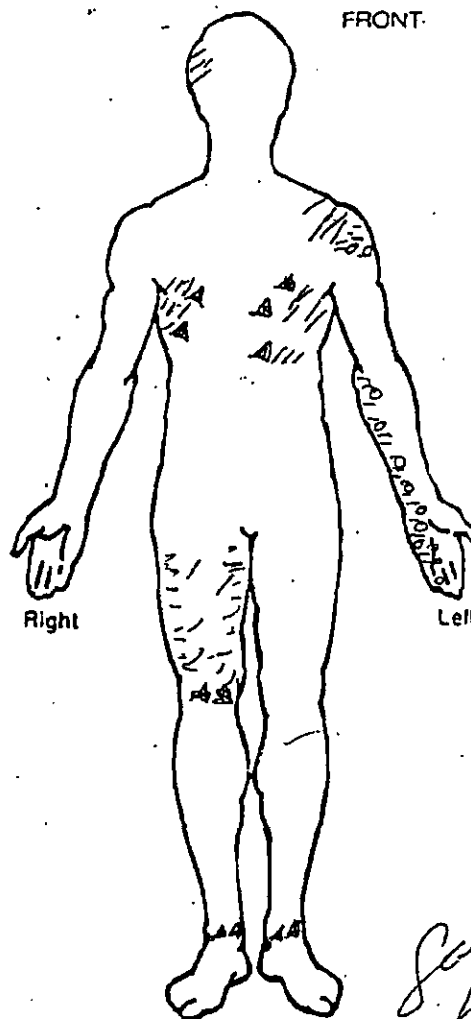
BACK



Left

Right

FRONT



Right

Left

Signature

Chris Lester

Date

12-22-00

20046841

CHRISTOPHER W. LESTER, SR. DOB: [REDACTED]-71 SS [REDACTED] / DOB: 03-10-00

Figure 77. Cervical Range of Motion (ROM):

CLAIM #2000046841

Name: Christopher Lester Soc. Sec. No. [REDACTED] 5340 Date: 12/22/00

Movement	Description	Range
Cervical Flexion	Occipital ROM	20 20 25
	T1 ROM	2 2 3
	Cervical flexion angle ± 10% or 5°	22 12 22
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum cervical flexion angle % Impairment	22
Cervical Extension	Occipital ROM	32 31 31
	T1 ROM	2 2 2
	Cervical extension angle ± 10% or 5°	20 23 23
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum cervical extension angle % Impairment	30
Cervical Ankylosis in Flexion/Extension	Position % Impairment	(Excludes any impairment for abnormal flexion or extension motion)
Cervical Right Lateral Flexion	Occipital ROM	18 13 17
	T1 ROM	2 2 2
	Cervical right lat flexion angle ± 10% or 5°	12 16 11
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum cervical right lat flexion angle % Impairment	12
Cervical Left Lateral Flexion	Occipital ROM	13 13 10
	T1 ROM	2 2 2
	Cervical left lat flexion angle ± 10% or 5°	16 16 16
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum cervical left lat flexion angle % Impairment	16
Cervical Ankylosis in Lateral Flexion and Extension	Position % Impairment	(Excludes any impairment for abnormal lateral flexion or extension motion)
Cervical Right Rotation	Cervical right rotation angle ± 10% or 5°	45 51 51
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum cervical right rotation angle % Impairment	45
Cervical Left Rotation	Cervical left rotation angle ± 10% or 5°	40 40 40
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum cervical left rotation angle % Impairment	40
Cervical Ankylosis in Rotation	Position % Impairment	(Excludes any impairment for abnormal rotation)
Total cervical range of motion and ankylosis* impairment _____ %		NOT MM

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 322). If ankylosis in several planes are present, combine the estimates (Combined Values Chart), then combine the result with the range of motion impairment.

3/134 Guides to the Evaluation of Permanent Impairment

CHRISTOPHER W. LESTER, SR. DOB: 2004/68 41 SS 2004/68 41 DOI: 03-10-00

Figure 79. Lumbar Range of Motion (ROM)*

CLAIM #2000046841

Name Christopher Lester Soc. Sec. No. 2004/68 41 Date 12/22/00

Movement	Description	Range
Lumbar Flexion	T12 ROM	20 15 15
	Sacral ROM	10 12 10
	True lumbar flexion angle	10 3 5
	± 10% or 5°?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Maximum true lumbar flexion angle	10
	% Impairment	26.7
Lumbar Extension	T12 ROM	0 0 0
	Sacral ROM	0 0 0
	True lumbar extension angle	0 0 0
	± 10% or 5°?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Maximum true lumbar extension angle	0
	% Impairment	(Add sacral flexion and extension ROM and compare to tightest straight-leg-raising angle)
Straight Leg Raising (SLR), Right	Right SLR	
	± 10% or 5°?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15%, lumbar ROM test is invalid)
Straight Leg Raising, Left	Left SLR	
	± 10% or 5°?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15%, lumbar ROM test is invalid)
Lumbar Right Lateral Flexion	T12 ROM	5 7 5
	Sacral ROM	0 0 0
	Lumbar right lateral flexion angle	5 7 5
	± 10% or 5°?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Maximum lumbar right lateral flexion angle	7
	% Impairment	26.7
Lumbar Left Lateral Flexion	T12 ROM	7 7 5
	Sacral ROM	2 2 2
	Lumbar left lateral flexion angle	5 5 5
	± 10% or 5°?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Maximum lumbar left lateral flexion angle	5
	% Impairment	
Lumbar Ankylosis in Lateral Flexion	Position	
	% Impairment	(Excludes any impairment for abnormal flexion or extension motion)
Total lumbar range of motion and ankylosis* impairment _____ %		NOT MMF

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 522). If ankylosis in several planes are present, combine the ankylosis estimates (Combined Values Chart), then combine the result with the range of motion impairment.

Attending Physician's Report

Return Completed Form To:

Workers' Compensation Division
P.O. Box 3151, Charleston, West Virginia 25332

FOR DIVISION USE ONLY

Claims Manager Cheryl Armes
Food Proc/Agg/Oil & Gas Const.
Claimant's County BOONE

WC-218 Rev. 9-94

SECTION 1 To be completed by the injured worker (FORM MAY BE RETURNED IF ALL QUESTIONS ARE NOT ANSWERED)

1. Claim No. 2000046841	SS No. 3340	2. Current Telephone No. 304-369-6657
Emp. Fisk No. 98001651	DOI 03/10/2000	
Claimant's Name and Address		Employer's Name and Address
CHRISTOPHER W LESTER SR P.O. BOX 1113 DANVILLE, WV 25053		D & M TRUCKING CORPORATION PO BOX 116 GHENT, WV 25843-0116

3. Please mark any needed changes in your address as printed above.

4. Have you performed any kind of work or have you received income for any work during the time you have been certified temporarily and totally disabled? ☐ Yes ☒ No

5. I hereby certify that the statements and answers set forth above are true and correct to the best of my knowledge and belief. I am aware that the law provides for severe penalties if I knowingly and with fraudulent intent withhold a material fact or make a false statement in order to obtain or increase a benefit that I am not entitled to.

Claimant's Signature

Date

8/16/00

If claimant has reached maximum degree of medical improvement, please complete form WC-219a, NOTICE OF MAXIMUM MEDICAL IMPROVEMENT.

1. Date of this examination 8/10/00 Month Day Year	2. Date of next appointment 9/25/00 Month Day Year
3. A. Is this the first examination and/or treatment by you for this injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please advise as to how the claimant came under your care.	
B. Does claimant continue under your active care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain.	
C. Has the claimant been referred to another physician for any of the following? (Check appropriate box(es) and explain basis for your referral.) <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Evaluation <input type="checkbox"/> Treatment arthro referral - Dr. Heimil	
4. Diagnosis (ICD9-CM) code and description 847.0 847.2 847.1 959.01	5. Please describe your treatment plan and list medications currently being prescribed, their dosages and the refill limit. maintain meds maintain mobility as much as possible
6. Has normal or expected recovery been delayed due to complications, concurrent medical problems, pre-existing medical condition, subsequent trauma, etc? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain condition and how it has affected recovery.	
7. Will claimant need rehabilitation services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please specify.	8. Is claimant temporarily and totally disabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is disability due to compensable diagnosis or other causes? Please explain.
9. Please indicate the anticipated date claimant will be able to return to: Modified Work Trial Return to Work 10/22/00 Full-time Work	
10. If the claimant has reached maximum medical improvement, is there, or do you anticipate, any permanent impairment as a result of the compensable injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete form WC-219a, Notice of Maximum Medical Improvement.	

11. Physician's Name, Address & Telephone No.

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

Phone: 304-369-5170

FEIN 550664546

12.

Physician's Signature

8.25.00

Date

500688.015.0460

ppnr/11-7-96/*6

** VENDOR COPY **

1024458

Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

August 21, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

PLEASE READ CAREFULLY - PPD RECOMMENDATIONS

⁴⁴²⁻⁵¹⁷⁶
A medical report from Saghir Mir, MD, dated 08/02/2000, indicates that you are not ready for a final rating. The examiner recommends:.

recommendations are cervical and lumbar MRI, Xrays left AC & left rib cage with/without weight to rule out AC separation, NCS/EMG left upper extremity, orthopedic consultation and neurological consultation after cervical and lumbar MRI

If you have any questions or concerns, you may reach me at 304-926-5097.

Workers' Compensation Division

CC: D & M TRUCKING CORPORATION INC
VASS VOCATIONAL SERVICES

BY: Nena Peay
Claims Representative 3/Senior

RECEIVED AUG 22 2000

Workers' Compensation Division - Office of Claims Management

500688.015.0461

extt/01-01-96/*6

** VENDOR COPY **

1024458

Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

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 - Unemployment Compensation • Workers' Compensation
- an equal opportunity/affirmative action employer*

August 21, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - NOTICE OF BENEFITS

I have received medical evidence which indicates you continue to be disabled from working from 07/01/2000 through 08/31/2000.

If it is later determined you are not entitled to benefits or expenses, the Division may recover these overpayments.

If medical evidence showing continued disability is not received, your claim may close for temporary total disability benefits on 10/15/2000.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC
VASS VOCATIONAL SERVICES

Workers' Compensation Division
By: Nena Peay
Claims Representative 3/Senior

RECEIVED AUG 22 2000

Workers' Compensation Division - Office of Claims Management

500688.015.0462

auth/09-24-98/*8

** CLAIMANT COPY **

Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

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• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

August 21, 2000

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from WCD-CLAIM MANAGER dated 08/18/2000, is Approved.

authorization to proceed with the following recommendations: cervical and lumbar MRI, xrays of the left AC with and without weight to rule out AC separation, xray of left rib cage, NCS/EMG left upper extremity, orthopedic consultation, and neurological consultation following cervical and lumbar MRI

Authorized Dates are 08/18/2000 through 11/18/2000.

Your authorization number is 100231133.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may agree to seek mediation services. If so, you may contact the Mediation Unit at P.O. Box 2964, Charleston, WV 25330-2964.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC
MADISON MEDICAL PLLC
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Nena Peay
Claims Representative 3/Senior

Workers' Compensation Division - Office of Claims Management

Post Office Box 4317 Charleston, West Virginia 25364-4317 <http://www.state.wv.us/bep>

500688.015.0463

ppnr/11-7-96/*6

** CLAIMANT COPY **

Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

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• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

August 21, 2000

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

PLEASE READ CAREFULLY - PPD RECOMMENDATIONS

A medical report from Saghir Mir, MD, dated 08/02/2000, indicates that you are not ready for a final rating. The examiner recommends:.

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CC: D & M TRUCKING CORPORATION INC
MADISON MEDICAL PLLC
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Nena Peay
Claims Representative 3/Senior

BOONE MEMORIAL HOSPITAL MADISON, WV 25130				OUTPATIENT / ER REGISTRATION FORM			
PATIENT NO. 00553721		MEDICAL RECORD NO. 000104531		FINANCIAL TYPE WORK COI		RELIGION OTHER	
PATIENT NAME LESTER CHRISTOPHER WAYNE		AGE 28		DATE OF BIRTH 7/71		SEX MALE	
MARITAL STATUS MARRIED		RACE WHITE		MARRIAGE DATE 08/04/00		TIME 20:04	
MAILING ADDRESS 1113		COUNTY OF RESIDENCE BOONE		NOTIFY IN CASE OF EMERGENCY LESTER CHARLES (DAD)		RELATIONSHIP	
HOME ADDRESS		HOME PHONE 304-369-6657		EMERGENCY CONTACT'S ADDRESS		STATE ZIP CODE	
CITY MANVILLE		STATE WV		ADMIT TYPE EMERGENCY		EMPLOYMENT D & M TRUCKING	
FATHER'S NAME (IF MINOR)		ADMIT SOURCE EMER ROOM		MOTHER'S NAME (IF MINOR)		PHONE	
GUARANTOR'S NAME LESTER CHRISTOPHER WAYNE		PATIENT'S RELATIONSHIP TO GUARANTOR SELF		EMPLOYMENT STATUS FULL TIME		EMPLOYEE ID. NO.	
GUARANTOR'S MAILING ADDRESS 1113		GUARANTOR'S HOME PHONE 304-369-6657		EMPLOYER'S NAME D & M TRUCKING		EMPLOYER'S PHONE	
GUARANTOR'S HOME ADDRESS		GUARANTOR'S SOCIAL SECURITY NO. 3340		EMPLOYEE'S LOCATION: STREET, CITY, STATE, AND ZIP CODE LAUREL, WV			
GUARANTOR'S CITY MANVILLE		STATE WV		GUARANTOR NO. 25053-111		SOCIAL SECURITY NO. 0009467	
GUARANTOR'S EMPLOYER'S NAME D & M TRUCKING		GUARANTOR'S EMPLOYER'S PHONE		SPOUSE INFO NAME		RES. PHONE	
GUARANTOR'S EMPLOYER'S LOCATION: STREET, CITY, STATE AND ZIP CODE LAUREL, WV				ADDRESS		JOB PHONE	
PRIMARY INS. CO. NAME COMF/UB		POLICY HOLDER LESTER CHRISTOPHER WAYNE		INSURED RELATION SELF		POLICY NO. 3340	
GROUP POLICY NAME		GROUP POLICY NO. 2000046841		COMMENTS			
SECONDARY INS. CO. NAME COMF/PRO FEE		POLICY HOLDER LESTER CHRISTOPHER WAYNE		INSURED RELATION SELF		POLICY NO. 3340	
GROUP POLICY NAME		GROUP POLICY NO. 2000046841		COMMENTS			
TERTIARY INS. CO. NAME		POLICY HOLDER		INSURED			
GROUP POLICY NAME		GROUP POLICY NO.		COMMENTS			
MEDICARE NO.		MEDICAID NO.		LAST T.T.		LMP	
ALLERGIES		LAST T.T.		LMP		PARITY	
DRUG/COMP. ANT. BACK/BACK/SHOULDER PAIN, SORE THROAT		LAST T.T.		LMP		PARITY	
ER M.D. ROS		PVT M.D.		ER M.D. EVAL		TIME	
TIME NOTIFIED		TIME NOTIFIED		TIME		TIME	
NURSE'S ASSESSMENT		MEDICINES		NURSE'S NOTES			
PHYSICAL HISTORY		DICTIONARY		PHYSICAL EXAM			
28 yr old WB				ROS			
Onset of sore throat				HEAD			
X1.2 deg Temp 100.3				EYES			
today				EARS			
				NOSE			
				MOUTH			
				THROAT			
				LUNGS			
				HEART			
				ABDOMEN			
				GENIT			
				RECTUM			
				SKIN			
				NEURO			
				PSYCH			

500688.015.0465

SON, WV 25130

EMERGENCY DEPARTMENT
Nursing Progress Notes

CHART COPY

MD TIME OF ORDERS	MEDS	PHYSICIANS ORDERS	SITE	TIME DONE	INITIALS	LAB	EKG
						<input type="checkbox"/> CBC	<input type="checkbox"/> DRUG SCREEN
						<input type="checkbox"/> UA	<input type="checkbox"/> ETOH
						<input type="checkbox"/> CHEM 6	<input type="checkbox"/> STREP SCREEN
						<input type="checkbox"/> CREATININE	<input type="checkbox"/> GC CULTURE
						<input type="checkbox"/> URIC ACID	<input type="checkbox"/> CHLAMYDIA
						<input type="checkbox"/> CALCIUM	<input type="checkbox"/> KOH SMEAR
						<input type="checkbox"/> T. BIL	<input type="checkbox"/> NaCl SMEAR
						<input type="checkbox"/> T. PROTEIN	<input type="checkbox"/> SPUTUM CULT
						<input type="checkbox"/> ALBUMIN	<input type="checkbox"/> HEMOCULT
						<input type="checkbox"/> ALT	<input type="checkbox"/> AMYLASE
						<input type="checkbox"/> AST	<input type="checkbox"/> BLOOD C&S
						<input type="checkbox"/> LDH	<input type="checkbox"/> PT
						<input type="checkbox"/> CK	<input type="checkbox"/> PTT
						<input type="checkbox"/> PHOS	
						<input type="checkbox"/> TGL	
						<input type="checkbox"/> CHOL	
						<input type="checkbox"/> ALK PHOS	
						<input type="checkbox"/> CKMB	
						<input type="checkbox"/> THEO	
						<input type="checkbox"/> DILANTIN	
						<input type="checkbox"/> PHENOBARB	
						<input type="checkbox"/> DIGOXIN	
						<input type="checkbox"/> ACETAMIN	
						TIME/INITIALS:	
						X-RAY / OTHER DIAGNOSTICS	
						<input type="checkbox"/> CHEST	
						<input type="checkbox"/> FLAT & UPRIGHT ABDOMEN	
						<input type="checkbox"/> SKULL	
						<input type="checkbox"/> LUMBAR SPINE	
						<input type="checkbox"/> CERVICAL SPINE	
MONITOR STRIP INTERPRET:							
X-RAY INTERPRET							
EKG INTERPRET							
LAB RESULTS		CHEM 6	CK	CKMB	LDH		
OTHER		Throat strip: positive			URINALYSIS:	WBC	ABG
					SG	RBC	pH
					CHEM	BACTERIA	
						NITRITE	
Discharge Instructions				After discharge care sheet:			
1. Rest, oral fluids.				Yes <input type="checkbox"/> No <input type="checkbox"/> Time Out 8:45			
2. Allergies are as follows				Unremarkable <input type="checkbox"/> Expired <input type="checkbox"/> Unimproved <input type="checkbox"/>			
3. Food & 2. do not return				Condition On Discharge: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>			
4. Disposition of case				Admitted Home <input type="checkbox"/> Transferred <input type="checkbox"/> Other <input type="checkbox"/>			
RETURNED TO DR.		NURSE SIGNATURE		DIAGNOSTIC IMPRESSION			
DISCHARGE INSTRUCTIONS		DOCTOR SIGNATURE		ACUTE STREP. PHARYNGITIS			
PATIENT NO.		MEDICAL RECORD NO.		FINANCIAL TYPE		MODE OF ARRIVAL	
10010001		10010001		WORK COMP		REGISTRATION DATE	
DATE OF BIRTH		AGE		SEX		TIME	
08/04/72		28		MALE		08/04/00 20:04	
PATIENT NAME		COUNTY OF RESIDENCE		NOTIFY IN CASE OF EMERGENCY		RELATIONSHIP	
LESTER CHRISTOPHER WAYNE		ECHOE		LESTER CHARLES (DAD)			
MAILING ADDRESS		HOME PHONE		EMERGENCY CONTACT'S ADDRESS			
PO BOX 1115		304-369-5657					
CITY		STATE		ZIP CODE		ADMIT TYPE	
DENVER		WV		25053		EMERGENCY	
						EMPLOYMENT	
						D & M TRUCKING	
						PHONE	

500688.015.0466

BOONE MEMORIAL HOSPITAL Comprex

Pt. Name: Christopher Lester
 Triage Time: 3:00 pm
 Date: 8-4-00
 Mode of Arrival: Car
 Known Allergies: NKA
 Family Physician: Snyder
 Time Dr. Notified: _____

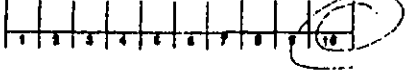
Chief C/O: Seen last night here - went for eval by comp doctor thru ER 08/03/00 post exam clo neck pain. Roof of mouth hurting. Was given Rx for severe blood on teeth. Not helping. can not move neck & pain

RN SITE ASSESSMENT:

Duration/Onset of Chief C/O: _____

Nursing Observations:**Wound-Incision Drainage/Discharge**

Color	Amount	Odor	Swelling

Pain Scale

Triage Level: Please check one (Determines Priority Level)

Level I	Level II	Level III	Level IV
Illness or injury likely to cause permanent brain injury or death within 1 hr.	Illness or injury likely to produce permanent organ injury or death with 24 hr - almost always requires lab & X-rays.	Illness or injury causing damage or suffering if not treated in 24 hr - Often needs lab & X-ray. <u>MEM</u>	Stable in nature and could be treated in a physician's office.

PMH: 3/10/00 war injury**Skin/Color (Circle all that apply)**

Normal	Pale	Dusky	Cyanotic
Warm	Dry	Hot	Moist
Cold	Clammy	Flaky	

V/S BP 138/72 100 72 18 MLM
Initials _____**Glasgow Coma Scale (GCS)** 15

ADULT		Eye Opening	PEDIATRICS	
Spontaneous	4		Spontaneous	4
Voice	3	Motor Response	Voice	3
Pain	2		Pain	2
None	1		None	1
Obeys	6	Verbal Response	Norm Spont. Mvmt	6
Localizes Pain	5		Withdraws from touch	5
Withdraws to Pain	4		Withdraws to Pain	4
Flexion	3		Abnormal Flexion	3
Extension	2		Abnormal Extension	2
None	1		None	1
Oriented	5		Coo's, babbles	5
Confused	4		Irritable/Cries	4
Inapprop.	3		Cries to Pain	3
Incomprehensible	2		Moans to Pain	2
None	1		None	1

RN Signature: [Signature]**Interim Nursing Assessment Documentation**

(Document and Time: treatments, procedures, observations, assessments, & unusual events)

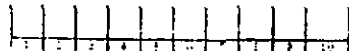
(See nurse narrative pg. for additional)

Discharge Triage

Time: _____ BP _____ T _____ P _____ Resp: _____ Instructions Given: _____ yes _____ No Improvement Seen? _____ yes _____

Disposition of Patient: _____

Pain Scale:



Nurse Signature: _____

SAGHIR R. MIR, M.D., F.A.A.O.S.
ORTHOPAEDIC SURGERY
MONTGOMERY GENERAL HOSPITAL
MONTGOMERY, WEST VIRGINIA 25136

TELEPHONE (304) 442-5178
(304) 442-5151 EXT. 100

August 2, 2000

IME REPORT

Claim # 2000046841
TRUCKING CHERYL ARMES
Team # Claim Mgr.

Workers' Compensation Fund
P.O. Box 431
Charleston, WV 25322-0431

RE: LESTER, CHRISTOPHER W., SR.

DOB: [REDACTED] 71

SS#: [REDACTED] 3340

DOI: 03/10/00

CLAIM#: 2000046841

EMPLOYER: D & M Trucking Corp., Inc.

Dear Sir/Madam:

This patient was evaluated by me on 08/02/00 at your request. His records on a CD ROM, over 100 pages, were reviewed. Patient brought copies of all of his records from Dr. Snyder's office and Boone Memorial Hospital. Those were reviewed, and copies of some of the records were made. In addition to that, patient brought reports of all x-rays from CAMC as well as some of the emergency room records, and those were reviewed. Detailed history was obtained, and a physical examination was carried out. When patient entered the room, he was somewhat moaning and groaning; and I advised him that I did not have to examine him if he was that much symptomatic. He wanted me to go ahead and examine him. Also, I told him that at any time he felt he was having too much pain, he could stop me from carrying out that part of the examination.

REVIEW OF RECORDS AND HISTORY: This patient was checking oil in a truck when the hood knocked him backwards, and he fell four to five feet. Patient stated he landed on another truck and hit his head which knocked him unconscious. Then he landed on the ground on his left side. Patient believed he was told that he had loss of consciousness for 40 to 45 minutes. He was taken to Charleston Area Medical Center where he was seen in the emergency room by Dr. David Bailey. Patient was noted to have multiple injuries, and his neurological examination was reported normal. While in the emergency room, he had x-rays of cervical, dorsal and lumbar spine which were reported negative. His x-rays of chest, left shoulder, left hip, pelvis and left ankle were reported normal. I did not find patient having any x-rays of thoracic area or left knee. While in the emergency room, he had a CT scan of head as well as a CT scan of cervical spine which were negative for any fractures or gross disc abnormalities. He was treated conservatively and discharged from the hospital to be followed at Corporate Health. It was noted patient was seen by Dr. Leon Kwei for all of this examination. There were close to 37 pages of hospital records which I reviewed.

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REVIEW OF RECORDS AND HISTORY: Continued

Patient started further follow up at Corporate Health. According to some of the notes, Dr. Kwei had consulted Dr. Sherry Apple, and it appeared it was more of a verbal consultation. I did not find any records from Dr. Apple regarding a neurosurgical consultation.

On 03/14/00, patient was seen by Dr. Marsha Bailey at Corporate Health who noted he had fallen five or six feet from a truck. He was already seen at the emergency room and had several x-rays. He was still nauseous and vomiting and having some drainage from his ear area. He was still having pain in his neck and left shoulder. Dr. Bailey noted that Dr. Kwei had previously talked to Dr. Apple. Dr. Bailey noted patient's neurological examination to be essentially within normal limits. She talked to Dr. Apple again regarding ear drainage, so she recommended for patient to have an ENT consultation with Dr. Phillips to rule out any fracture in the temporal bones. He was diagnosed having headaches secondary to cerebral concussion as well as neck injury and injury to chest wall and shoulder. There was no mention of any injury to left knee, though he had x-rays of left ankle and hip at the time he was seen in the emergency room.

Patient was seen by Dr. Phillips at ENT clinic. On 03/15/00, Dr. Bailey noted that Dr. Phillips had seen this patient and done an audiogram which showed some hearing loss bilaterally which was not related to this injury. Dr. Phillips did not find any evidence of fractures, and he did not recommend any additional treatment or find any direct injury to ear. On 03/15/00, patient had no drainage but was still having headaches and chest pain. Dr. Bailey recommended for this patient to have an MRI of left shoulder. He was continued on medication for his headaches, neck pain and pain in left shoulder.

On 03/22/00, Dr. Bailey noted this patient was still having headaches and pain in his neck and left shoulder. He already had an MRI of shoulder done on left side on 03/21/00. Before Dr. Bailey started patient on physical therapy, she wanted to see the results of his MRI. Actually, patient was seen by Dr. Asaad on 03/22/00 with Dr. Bailey. FLEXERIL, IBUPROFEN and DARVOCET-N were continued.

On 03/27/00, Dr. Bailey noted patient still had more or less the same symptoms. Patient's MRI of left shoulder was reported normal. He still had tenderness in his neck and shoulder area with limited range of motion. His neurological examination was reported normal. Physical therapy was ordered, and patient started therapy at Boone Memorial Hospital on 04/03/00. There were several records of physical therapy and reports brought in by the patient which were reviewed by me. Later on during the course of treatment, Dr. Snyder became patient's physician. He added physical therapy to left shoulder. This patient had physical therapy until 06/19/00 when, according to patient, his physical therapy was stopped as it was not helping but causing more symptoms. Also, physical therapist had requested that this patient should be seen by an orthopaedic surgeon, and Dr. Loimil was recommended.

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REVIEW OF RECORDS AND HISTORY: Continued

Patient stated he saw four or five physicians at Corporate Health. At that time, he decided to switch under the care of Dr. Snyder who is a medical physician in the Madison area. At patient's request, on 04/06/00, Compensation allowed him to transfer to the care of Dr. Snyder. Patient stated he has been treated previously by Dr. Snyder for another work related injury from 1994 to 1997 which involved compression fractures from T-11 to T-12 area. At that time, he had missed three years of work and had received 10% impairment.

On 04/07/00, patient was seen by Dr. Mark Snyder who noted he had multiple injuries in a fall from a truck. He was noted to have lost consciousness. He was treated at CAMC and Corporate Health. Dr. Snyder noted patient had some stiffness in his neck with a lot of pain on movement of left shoulder. He diagnosed patient having acute cervical, lumbar and left shoulder strain with contusion. He continued him on MOTRIN, FLEXERIL and VICODIN ES. Patient brought Dr. Snyder's office notes of two to three week intervals. On 04/10/00, Compensation allowed his claim to be head injury and thoracic, lumbar and cervical strain.

On 04/26/00, Dr. Snyder noted patient was having multiple symptoms. He continued him on physical therapy. Throughout his follow up, there was no mention of any injury to left knee area, though patient complained of pain. He also complained of pain in his rib cage area. On 05/05/00, Compensation allowed him to have VICODIN. On 06/06/00, Compensation allowed him to have additional therapy three times a week for four weeks and then two times a week over the next four weeks.

Records indicate that on 04/18/00 the employer wrote a letter that light duty work could not be offered as patient was released for that; therefore, patient stayed off work. On 04/02/00, this patient was referred to Vass Rehab Services. On 05/05/00, he had an initial vocational evaluation which was close to ten pages. On 04/19/00, Compensation had allowed patient to transfer under Dr. Snyder's care.

Throughout May and June 2000, patient had more or less the same symptoms. On 07/10/00, his physician noted that he was having considerable pain in left shoulder as well as low back. He still had headaches. He had restriction of mobility at neck and lower back. He was continued on LODINE. Possibility of consultation with Dr. Loimil was mentioned. On 07/17/00, his physician called in a prescription for VICODIN ES. The last time he saw his physician was on 07/31/00, and it was noted he was not doing better and had considerable pain in his left shoulder. Patient had not seen Dr. Loimil, yet, and he stated they are trying to make him an appointment. FLEXERIL and VICODIN were prescribed. He is going to see his physician in two weeks.

Prior to this injury, patient had injury to dorsolumbar area and received 10% impairment. It will be interesting to see his records from that claim.

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PRESENT COMPLAINTS AND FUNCTIONAL LIMITATIONS: Patient still has multiple symptoms from various areas. He continues to have headaches which are mostly on the right side of his head. Patient stated that whenever his neck hurts, the pain goes on the right side of his head just above his ear level.

He continues to have pain in his neck and left scapular area. Intermittently, pain goes into his left arm all the way to ulnar side of hand and little and ring fingers. He complains of numbness and tingling on the ulnar side of forearm and in little and ring fingers. He complains of generalized weakness in left upper extremity. His neck stays stiff. Patient is right handed.

His left shoulder aches and hurts all of time. He has pain over the top of shoulder which he pointed to the AC joint area. Also, he gets deep seated pain in left shoulder as well as rib cage area. Patient feels something like a tear in his left shoulder area, and he has a stabbing pain. He has restriction of mobility at left shoulder. Patient complains of pain in left rib cage area and axillary area.

He continues to have pain in his right lumbosacral area and over SI joint. His back pain is present all of the time. Intermittently, pain goes to the back part of thigh and medial side of thigh. He has occasional numbness and tingling in his right foot. Prolong sitting, standing, walking and riding in a car increase his back symptoms. Lying down does not help him, much. A heating pad gives him some relief. He is able to manage activities of daily living by himself.

Patient complains of some pain in his right knee. It tries to give out and catch. As stated before, there was no mention of knee symptoms in his attending physician's records.

CURRENT MEDICATIONS: 1) FLEXERIL 2) VICODIN ES 3) MOTRIN

SOCIAL HISTORY: Patient is married, and his wife is employed. He has three children, two of which are from present marriage. He does not smoke cigarettes, drink alcohol or use chewing tobacco. He has never been on Social Security nor applied for it. At present, he is on Compensation benefits.

WORK HISTORY: Patient has a high school education. He worked in a hardware store. He also did some logging jobs and also set mobile homes. Then he drove a coal truck for three years. Since October 1998, he has been working as a truck driver with D & M Coal Company.

PAST HISTORY: A. OTHER WORK RELATED INJURIES OR ILLNESSES: Injury to dorsolumbar area with compression injuries to T-10 to T-11 area. This was patient's statement, and I did not have reports on that injury. Patient stated he was off from work from 1994 until 1997 for three years and received 10% impairment. He was treated by Dr. Snyder.

B. NONWORK RELATED INJURIES OR ILLNESSES: 1) Motor accident in 1986-1987. Patient stated he had fracture of collar bone and cerebral concussion. 2) No surgical procedures. 3) No medical problems.

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PHYSICAL EXAMINATION: Patient is a 28-year-old white male who was 65 inches tall and weighed 293 pounds. His general physical condition was satisfactory.

His range of motion at cervical spine was recorded on the range of motion form. He had some guarding at extreme of range of motion, though there was no true muscle spasm. Compression and distraction tests caused some discomfort in his neck, though Spurling sign was negative. He had no pathological reflexes.

MEASUREMENTS

	RIGHT UPPER EXTREMITY	LEFT UPPER EXTREMITY	COMMENTS
Circumference of upper arm (10.0 cm above olecranon)	38.0 cm	37.0 cm	pt rt handed
Circumference of forearm (7.0 cm below olecranon)	34.5 cm	32.5 cm	

NEUROLOGICAL EXAMINATION

Reflexes - BJ, TJ & BRJ	1+	1+	
Muscle strength	5/5	5/5	all groups upper extremity muscles
Grip strength	38,36,30 lbs	20,18,16 lbs	Jamar apparatus at third notch
Pulse	2+	2+	
Cranial nerves	Intact	Intact	

Patient had slight difference in measurements on the left side. He had decreased sensation along the ulnar side of forearm and in left fourth and fifth fingers. He had no signs of carpal tunnel syndrome or thoracic outlet syndrome.

His examination of shoulder area revealed no gross atrophy. He had tenderness over left shoulder area, especially over left AC joint. Clinically, there was no evidence of gross separation.

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PHYSICAL EXAMINATION: Continued**RANGE OF MOTION**

<u>SHOULDER</u>	<u>RIGHT</u>	<u>LEFT</u>
Forward flexion/extension	170°-0°-60°	90°-0°-50°
Abduction/adduction	170°-0°-40°	90°-0°-40°
External/internal rotation		
Arm at 90° abduction	90°-0°-90°	70°-0°-45°
<u>ELBOW</u>		
Extension/flexion	0°-0°-140°	0°-0°-140°
<u>WRIST</u>		
Dorsi/volar flexion	60°-0°-60°	60°-0°-60°
Ulnar/radial deviation	35°-0°-15°	35°-0°-15°

Patient had discomfort at extreme of range of motion at left shoulder. Impingement tests were mildly positive. Apprehension test was negative, though he had some discomfort at 90° abduction and external rotation. There were no signs of thoracic outlet or carpal tunnel syndrome.

Examination of left thoracic rib cage area revealed patient had generalized tenderness, though chest sounds were clear.

His detailed examination of lower back was recorded on the West Virginia Compensation back form and range of motion form.

As far as his right knee was concerned, patient had mild swelling in right suprapatellar area. His range of motion at both knees was 0°-0°-125° as he had some discomfort in back. He had tenderness over the medial collateral ligament at its insertion over the medial femoral condyle. There was no tenderness on patellar compression. McMurray test caused some discomfort in his right knee, though Lachman and pivot shift tests were negative. His collateral and cruciate ligaments seemed to be intact.

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RADIOLOGICAL FINDINGS:

- 1) X-rays of cervical, dorsal and lumbar spine at the time of admission were reported normal. His CT scans of head and cervical spine were also reported normal.
- 2) X-rays of chest, left hip, left ankle and pelvis were all reported normal.
- 3) MRI of left shoulder has been reported normal by his attending physician.

DISCUSSION/CONCLUSION/RECOMMENDATIONS:

1) This patient sustained multiple injuries in a fall from a truck. He has been treated conservatively and still stays symptomatic. On physical examination, he had restriction of mobility at neck and lower back. His neurological examination of lower extremities was normal, but he had diminished sensation along the ulnar side of left forearm and left hand. He had questionable atrophy of left forearm muscles. Patient had some signs of internal derangement of right knee as well as injury to left shoulder and AC joint.

- DIAGNOSES: 1) Cervicodorsal and left scapular strain with cervical root irritation
2) Lumbosacral and sacroiliac strain with lumbar root irritation
3) To rule out left AC joint injury
4) Injury left shoulder with possible internal derangement
5) Blunt trauma left rib cage and to rule out fracture ribs
6) Sprain medial ligaments right knee and to rule out internal derangement
7) Cerebral concussion

2) Patient has not reached maximum degree of medical improvement. He continues to be temporarily disabled. An anticipated period of disability could be four months.

3) As far as further treatment is concerned, the following recommendations are made:

- A) MRI of cervical spine--even though this patient already had a CT scan. This is because he has C-8 nerve root irritation.
- B) MRI of lumbar spine to rule out disc herniation.
- C) X-rays of left AC joint with and without weight to rule out AC joint separation.
- D) X-rays of left rib cage area.
- E) Nerve conduction and EMG studies on left upper extremity.
- F) Orthopaedic consultation with Dr. Loimil, and patient to take MRI of left shoulder for review by Dr. Loimil.
- G) Neurosurgical consultation for neck and low back injuries following MRI of neck and back.

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DISCUSSION/CONCLUSION/RECOMMENDATIONS: Continued

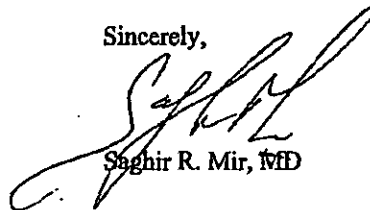
- I) After orthopaedic and neurosurgical consultations, a pain clinic consultation, if needed.
- J) In my opinion, this patient needs further physical therapy to neck, lower back, left shoulder and right knee for the next couple of months while he is going through his workup and consultations.
- 4) At present, patient is not ready for a functional capacity evaluation, though vocational follow up is recommended.
- 5) Patient's impairment rating is deferred for another four months.

During the next IME, please send to the evaluating physician the records or at least IME report of patient's injury of back from 1994.

As patient has multiple orthopaedic injuries, it is my opinion this patient should be transferred and followed by Dr. Loimil as soon as possible. Please authorize a consultation and transfer under his care. It would be best if patient should have a regular follow up by an orthopaedic surgeon, preferably Dr. Loimil.

Thank you for sending this patient for evaluation. If you have any questions, please feel free to contact my office at any time.

Sincerely,



Saghir R. Mir, MD

SRM/cv
Enclosures

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PLEASE NOTE: The opinions rendered in this case are the opinions of this evaluator. Recommendations regarding work and impairment ratings are given totally independently of the requesting agents. This evaluation has been conducted on the basis of the medical examination and documentation as provided with the assumption that the material is true and correct. If more information becomes available at a later date, an additional service, report/reconsideration may be requested. Such information may or may not change the opinions rendered in this evaluation. This opinion is based on a clinical assessment, examination and documentation. Any recommendation on impairment is based on AMA Guidelines, Fourth Edition. This opinion does not constitute, per se, a recommendation for specific claims or administrative functions to be made or enforced. Medicine is both an art and a science; and although a patient may appear to be fit to return to duty, there is no guarantee that the patient will not be reinjured or suffer additional injury once he returns. If further information is required, please contact me.

USE BLACK INK

INSTRUCTIONS

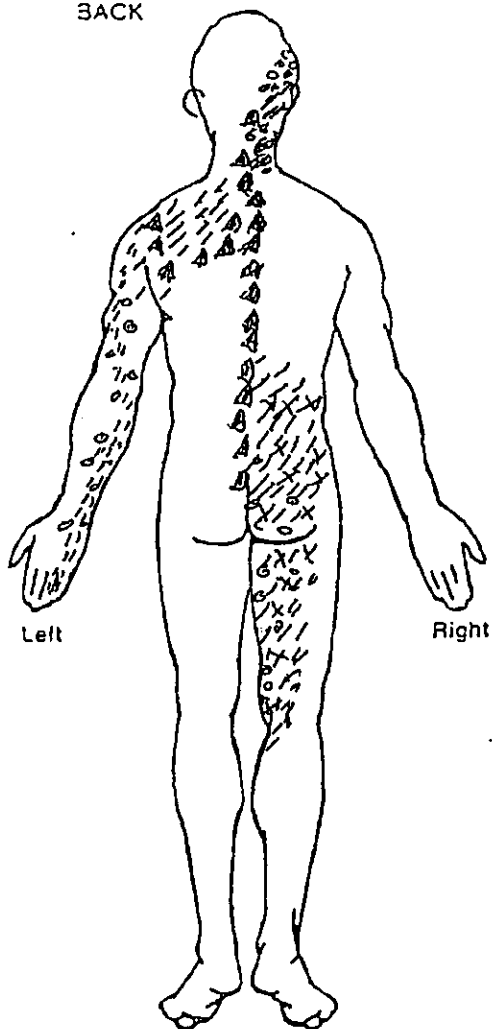
2 of 4

Where is your pain? How does it feel? Draw your pain using the following key. Do not indicate areas of pain which are not related to your present injury or condition. Draw in your face.

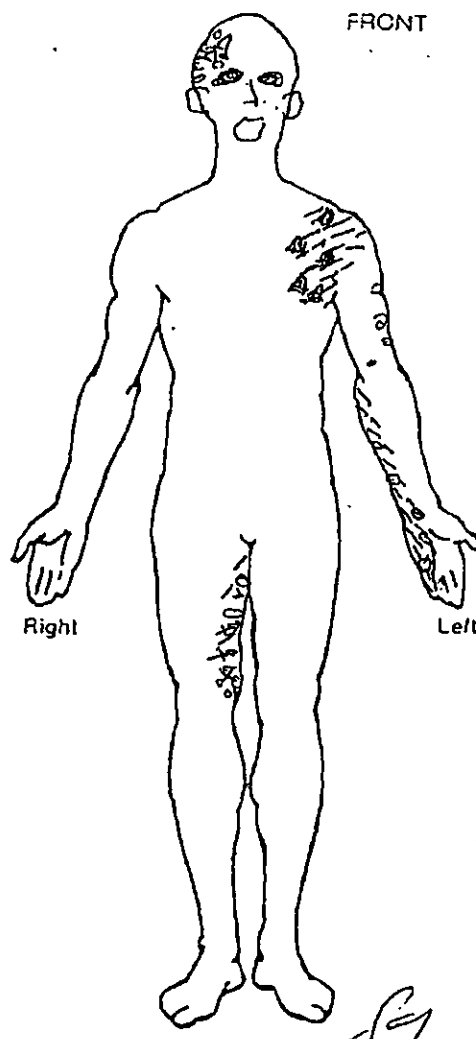
KEY CHRISTOPHER W. LESTER SR DOB: [REDACTED] 71 SS# [REDACTED] 3340 CLAIM# 2000046841

/// Stabbing	X X X Burning	000 Pins and Needles	AAA Aching, Throbbing	= = = Numbness	• • • Other
--------------	---------------	-------------------------	--------------------------	----------------	-------------

BACK



FRONT



Signature

Chris Lester

Date

8-2-00

Guides to the Evaluation of Permanent Impairment

Figure 77. Cervical Range of Motion (ROM)*

CHRISTOPHER W. LESTER SR DOB [REDACTED] 71 SS# [REDACTED] 3340 CLAIM# 2000046841

Name Christopher Lester Soc. Sec. No. [REDACTED] 3340 Date 8/2/00

Movement	Description	Range
Cervical Flexion	Occipital ROM	33 33 32
	T1 ROM	3 1 3
	Cervical flexion angle	30 30 27
	± 10% or 5°?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Maximum cervical flexion angle % Impairment	30
Cervical Extension	Occipital ROM	28 26 28
	T1 ROM	2 2 2
	Cervical extension angle	26 24 26
	± 10% or 5°?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Maximum cervical extension angle % Impairment	26
Cervical Ankylosis in Flexion/Extension	Position % Impairment	(Excludes any impairment for abnormal flexion or extension motion)
Cervical Right Lateral Flexion	Occipital ROM	32 33 32
	T1 ROM	3 2 3
	Cervical right lat flexion angle	27 30 27
	± 10% or 5°?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Maximum cervical right lat flexion angle % Impairment	30
Cervical Left Lateral Flexion	Occipital ROM	27 28 28
	T1 ROM	2 2 2
	Cervical left lat flexion angle	25 26 26
	± 10% or 5°?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Maximum cervical left lat flexion angle % Impairment	25
Cervical Ankylosis in Lateral Flexion and Extension	Position % Impairment	(Excludes any impairment for abnormal lateral flexion or extension motion)
Cervical Right Rotation	Cervical right rotation angle	45 50 50
	± 10% or 5°?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Maximum cervical right rotation angle % Impairment	50
Cervical Left Rotation	Cervical left rotation angle	50 50 43
	± 10% or 5°?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Maximum cervical left rotation angle % Impairment	50
Cervical Ankylosis in Rotation	Position % Impairment	(Excludes any impairment for abnormal rotation)
Total cervical range of motion and ankylosis* impairment _____ %		NOT MET

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 322). If ankylosis in several planes are present, combine the estimates (Combined Values Chart), then combine the result with the range of motion impairment.

20046841
3/10/2000

CHRISTOPHER W. LESTER SR DOB: 12-23-73 SS# 233-15-3340 CLAIM# 200046841

Figure 79. Lumbar Range of Motion (ROM)*

Name Christopher Lester Soc. Sec. No. 3340 Date 8/1/00

Movement	Description	Range
Lumbar Flexion	T12 ROM	50 50 50
	Sacral ROM	25 30 30
	True lumbar flexion angle	25 20 2
	± 10% or 5°?	Yes No
	Maximum true lumbar flexion angle	25
	% Impairment	
Lumbar Extension	T12 ROM	12 12 10
	Sacral ROM	2 2 1
	True lumbar extension angle	10 10 9
	± 10% or 5°?	Yes No
	Maximum true lumbar extension angle	12
	% Impairment	
Straight Leg Raising (SLR), Right	Right SLR	30 38 30
	± 10% or 5°?	Yes No
	Maximum SLR right	30
Straight Leg Raising, Left	Left SLR	30 40 40
	± 10% or 5°?	Yes No
	Maximum SLR Left	40
Lumbar Right Lateral Flexion	T12 ROM	17 12 10
	Sacral ROM	2 3 3
	Lumbar right lateral flexion angle	15 14 15
	± 10% or 5°?	Yes No
	Maximum lumbar right lateral flexion angle	15
	% Impairment	
Lumbar Left Lateral Flexion	T12 ROM	17 12 12
	Sacral ROM	2 2 2
	Lumbar left lateral flexion angle	15 14 15
	± 10% or 5°?	Yes No
	Maximum lumbar left lateral flexion angle	15
	% Impairment	
Lumbar Ankylosis in Lateral Flexion	Position	(Excludes any impairment for abnormal flexion or extension motion)
% Impairment		

Total lumbar range of motion and ankylosis* impairment _____ %

NOT MMS

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 322). If ankylosis in several planes are present, combine the ankylosis estimates (Combined Values Chart), then combine the result with the range of motion impairment.

for



MADISON MEDICAL, PLLC
705 MADISON AVE.
MADISON, WV 25130
PHONE (304) 369-5170 FAX (304) 369-1742

FAX COVER SHEET



TO: Cheryl Ames/Work Comp
FROM: Freda/Dr Snyder
RE: Christopher Lester #2000046841

NUMBER OF PAGES INCLUDING COVER SHEET: 4

DATE: 7-14-00

ADDITIONAL COMMENTS: _____

CONFIDENTIALITY NOTICE: THE DOCUMENTS ACCOMPANYING THIS FACSMILE TRANSMISSION CONTAIN CONFIDENTIAL INFORMATION BELONGING TO THE SENDER WHICH IS LEGALLY PRIVILEGED. IF YOU ARE NOT THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSMILE IN ERROR PLEASE NOTIFY US BY TELEPHONE 304-369-5170 TO ARRANGE THE RETURN OF THE ORIGINAL DOCUMENTS TO US, THANKYOU.

FAXED
7-14-00
JB



Christopher Lester
Wt 295 P 74

DOB not available

7-10-00

S-In for f/u and doing essentially the same. He still has a considerable amt of left shoulder and low back pain, with any attempt at motion. He is also having headache occur also. We haven't got an appt for him to see Dr. Loimil yet.

O-Exam - no apparent distress, very stocky, he has diminished internal and external rotation of the shoulder, he can barely lift it above level. He can SL to about 10 degrees.

A Chronic shoulder sprain strain reaction, and LBP.

P-Maintain meds. in addition to Lodine 500 Bid, obtain consult with Dr. Loimil and follow.

John M. Snyder, D. O. /bjw

appt/01-01-96/*8

** VENDOR COPY **

1024458

Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

July 13, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - APPOINTMENT SCHEDULED

You have been scheduled for an appointment on 8/2/2000, at 10:30 a.m.
with:

MCCAMIC JOLYON WHITEHEAD
56 FOURTEENTH ST
WHEELING, WV 26003-3430

Phone:

The above named physician should provide the Division with a narrative report which outlines your medical history, diagnostic studies, physical examination, diagnosis, and prognosis. The following questions should be answered:

1. Has the claimant reached maximum medical improvement? (No additional surgical or medical intervention will change the claimant's condition.)
2. Is the claimant working? If so, in what capacity? If not, could the claimant return to a modified work assignment and with what restrictions?
3. What impairment rating is recommended, using the AMA Guide to the Evaluation of Permanent Impairment, Fourth Edition?

If the claimant has not reached maximum medical improvement, what additional diagnostic studies and/or treatment do you recommend and what benefit should be expected? (Review the WCD Treatment Guides for the diagnosis before making your recommendations.)

This exam was scheduled by the Division and all bills and related expenses should sent to us.

Exam has been requested by your claims manager, Cheryl Armes, please bring all x-r and make every effort to attend.

Failure to keep this appointment may result in the closing of your claim for benefits.

If you have any questions or concerns, you may reach me at 800-628-4265.

CC: D & M TRUCKING CORPORATION INC
MCCAMIC JOLYON WHITEHEAD
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Janet Jones
Claims Tech

RECEIVED JUL 17 2000

Workers' Compensation Division - Office of Claims Management

Post Office Box 421 Charleston, West Virginia 25322-0421 • <http://www.state.wv.us/bcd>

500688.015.0482

extt/01-01-96/*6

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Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

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 - Unemployment Compensation • Workers' Compensation
- an equal opportunity/affirmative action employer*

July 17, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - NOTICE OF BENEFITS

I have received medical evidence which indicates you continue to be disabled from working from 07/01/2000 through 07/31/2000.

If it is later determined you are not entitled to benefits or expenses, the Division may recover these overpayments.

If medical evidence showing continued disability is not received, your claim may close for temporary total disability benefits on 09/14/2000.

If you have any questions or concerns, you may reach me at 304-926-5149.

CC: D & M TRUCKING CORPORATION INC
VASS VOCATIONAL SERVICES

Workers' Compensation Division
By: Cheryl Armes
Claims Representative 2

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Cecil H. Underwood
Governor

William F. Vieweg
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- an equal opportunity/affirmative action employer*

July 17, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - APPOINTMENT CHANGED

Your appointment with Dr. S Mir, has either been cancelled or rescheduled.

Your appointment has been changed to:

Doctor on first letter was a clerical error. NOTE: Dr. Saghir Mir will be the doctor you have a appt. with on 8/2/2000 at 10:30.

If you have any questions or concerns, you may reach me at 800-628-4265.

CC: D & M TRUCKING CORPORATION INC
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Janet Jones
Claims Tech

RECEIVED JUL 17 2000

appt/01-01-96/*8

** VENDOR COPY **

1024458

Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

July 17, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - APPOINTMENT SCHEDULED

You have been scheduled for an appointment on 8/2/2000, at 10:30 a.m.
with:

MIR SAGHIR MD Phone: 304-442-5176
P O BOX 839
MONTGOMERY, WV 25136

The above named physician should provide the Division with a narrative report which outlines your medical history, diagnostic studies, physical examination, diagnosis, and prognosis. The following questions should be answered:

1. Has the claimant reached maximum medical improvement? (No additional surgical or medical intervention will change the claimant's condition.)
2. Is the claimant working? If so, in what capacity? If not, could the claimant return to a modified work assignment and with what restrictions?
3. What impairment rating is recommended, using the AMA Guide to the Evaluation of Permanent Impairment, Fourth Edition?

If the claimant has not reached maximum medical improvement, what additional diagnostic studies and/or treatment do you recommend and what benefit should be expected? (Review the WCD Treatment Guides for the diagnosis before making your recommendations.)

This exam was scheduled by the Division and all bills and related expenses should be sent to us.

Exam has been requested by your claims manager, Cheryl Armes, please bring all x-r and make every effort to attend.

Failure to keep this appointment may result in the closing of your claim for benefits.

If you have any questions or concerns, you may reach me at 800-628-4265.

CC: D & M TRUCKING CORPORATION INC
MIR SAGHIR MD
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Janet Jones
Claims Tech

RECEIVED JUL 17 2000

VASS VOCATIONAL SERVICES
P.O. Box 162
SUMMERSVILLE, WV 26651

AUTHORIZATION AND CONSENT TO OBTAIN
MEDICAL AND EMPLOYMENT INFORMATION

I hereby consent and request that the bearer be permitted to examine and obtain copies of all hospital and medical records, interview all doctors and other attendants and all employers and former employees regarding matters relating to examination, diagnosis, care and treatment of myself, earnings and loss of earnings and all educational background.

I am willing that a Photostat of this authorization be accepted with the same authority as the original.

Signed Chris Lester

Date 5-3-00

Address [REDACTED] 3346

Witness Amy M. White

Date 5-3-00

Witness _____

Date _____

Attn: Freda

Copied
& mailed
6-30-00
JL

extt/01-01-96/*6

** VENDOR COPY **

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Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

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- an equal opportunity/affirmative action employer*

June 20, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - NOTICE OF BENEFITS

I have received medical evidence which indicates you continue to be disabled from working from 04/04/2000 through 07/23/2000.

If it is later determined you are not entitled to benefits or expenses, the Division may recover these overpayments.

If medical evidence showing continued disability is not received, your claim may close for temporary total disability benefits on 09/06/2000.

If you have any questions or concerns, you may reach me at 304-926-5149.

CC: D & M TRUCKING CORPORATION INC
VASS VOCATIONAL SERVICES

Workers' Compensation Division
By: Cheryl Armes
Claims Representative 2

RECEIVED JUN 24 2000

Workers' Compensation Division - Office of Claims Management
Post Office Box 431, Charleston, West Virginia 25322-0431 • <http://www.state.wv.us/bep>

500688.015.0487

Boone Memorial Hospital

701 Madison Avenue Madison, West Virginia 25130 304-369-1230
June 19, 2000



John Snyder, DO
705 Madison Ave.
Madison, WV 25130

Re: Christopher Lester #104551
Progress Note

Dear Dr. Snyder,

Christopher Lester was initially referred to Boone Physical Therapy on March 28, 2000, with the diagnosis of cervical, left shoulder, and lumbosacral strain. He has been followed 2-3 x wk for a total of 25 visits. He is scheduled for a follow-up appointment in your office on June 20, 2000.

Our goals have been to establish an independent home exercise program, improve cervical and L-shoulder AROM, increase L-shoulder PROM, decrease complaints of pain, improve L-shoulder strength and function, and maximize pain-free lumbar flexibility.

Treatment program to date has consisted of instruction in an independent HEP, participation in a therapeutic exercise program comprised of cervical flexibility exercises as well as active assistive and isometric exercises for the L-shoulder and modalities as indicated to decrease complaints of pain.

At last visit on June 19, 2000, Mr. Lester reported his neck and L-shoulder pain was worse than his back pain. He described his shoulder pain as "It feels like when you get a cut and it starts to heal up." He complained of "Feeling really stiff in my spine." He performed his exercise program and received treatment as outline above followed by a brief reassessment.

Cervical AROM: Flex 18°. Ext 29°. R-rot 54°. L-rot 26°. R-SB 26°. L-SB 25°.

L-Shoulder AROM: Flex 82°. ABD 68°. IR 45°. ER 25°. **Sensation:** Intact to light touch RUE and bil LE and diminished in the LUE following no specific dermatomal pattern.

Lumbar AROM: Flex 38°. Ext 7°. R-SB 28°. L-SB 24°. **LU Strength:** Shoulder Flex 2½, ABD 2½. Elbow Flex/Ext 4½. Wrist Flex/Ext 4½. Thumb Flex 4+½. Finger ADD 4½.

Assessment: Overall, Mr. Lester continues to report neck, LBP, and L-shoulder pain with no significant increase in ROM noted.

Plan: I hope the information presented above will be helpful as you reassess this patient. We will wait for your recommendations regarding further treatment with this patient.

Thank you for the opportunity to work with Mr. Lester. If I may be of further assistance to you regarding this patient or any other patient, please do not hesitate to contact me at 369-1230 ext. 242.

Sincerely,

Tricia McClung
Tricia McClung, PT
TM/pam

xc: Workers' Comp; SS# [REDACTED] 3340; DOI 3-10-00

500688.015.0488

06/20/00 11:10 FAX 369 1525

BOONE REHAB SERV

2001

Boone Memorial Hospital

701 Madison Avenue
June 19, 2000

Martinsburg, West Virginia 25130

304 369 1230



John Snyder, DO
705 Madison Ave.
Martinsburg, WV 25130

Re: Christopher Lester #104551
Progress Note

Dear Dr. Snyder,

Christopher Lester was initially referred to Boone Physical Therapy on March 28, 2000, with the diagnosis of cervical, left shoulder, and lumbosacral strain. He has been followed 2-3 x wk for a total of 25 visits. He is scheduled for a follow-up appointment in your office on June 20, 2000.

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Treatment program to date has consisted of instruction in an independent HEP, participation in a therapeutic exercise program comprised of cervical flexibility exercises as well as active assistive and isometric exercises for the L-shoulder and modalities as indicated to decrease complaints of pain.

At last visit on June 19, 2000, Mr. Lester reported his neck and L-shoulder pain was worse than his back pain. He described his shoulder pain as "It feels like when you get a cut and it starts to heal up." He complained of "Feeling really stiff in my spine." He performed his exercise program and received treatment as outline above followed by a brief reassessment.

Cervical AROM: Flex 18°. Ext 29°. R-rot 54°. L-rot 26°. R-SB 26°. L-SB 25°.

L-Shoulder AROM: Flex 82°. ABD 68°. IR 45°. ER 25°. Sensation: Intact to light touch RUE and bil LE and diminished in the LUE following no specific dermatomal pattern.

Lumbar AROM: Flex 38°. Ext 7°. R-SB 28°. L-SB 24°. LU Strength: Shoulder Flex 2/5, ABD 2/5. Elbow Flex/Ext 4/5. Wrist Flex/Ext 4/5. Thumb Flex 4+5. Finger ADD 4/5.

Assessment: Overall, Mr. Lester continues to report neck, LBP, and L-shoulder pain with no significant increase in ROM noted.

Plan: I hope the information presented above will be helpful as you reassess this patient. We will wait for your recommendations regarding further treatment with this patient.

Thank you for the opportunity to work with Mr. Lester. If I may be of further assistance to you regarding this patient or any other patient, please do not hesitate to contact me at 369-1230 ext. 242.

Sincerely,

Tricia McClung
Tricia McClung, PT
TM/pam

xc: Workers' Comp; SS# [REDACTED] 3340; DOI 3-10-00

500688.015.0489

auth/09-24-98/*8

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1024458

Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

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June 6, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from MADISON MEDICAL PLLC dated 05/31/2000, is Approved.

physical therapy 3 times a week for 4 weeks and 2 times a week for 4 weeks is authorized as requested by the claimant's treating physician is authorized.

Authorized Dates are 05/31/2000 through 07/26/2000.

Your authorization number is 100157008.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may agree to seek mediation services. If so, you may contact the Mediation Unit at P.O. Box 2964, Charleston, WV 25330-2964.

If you have any questions or concerns, yWorkers' Compensation Division5.
BY: Cheryl Armes

CC: D & M TRUCKING CORPORATION INC
VASS VOCATIONAL SERVICES
Claims Representative 2

Workers' Compensation Division - Office of Claims Management

1-800-332-0421 • <http://www.state.wv.us/bep>

500688.015.0490

cnrq/3-27-98/*6

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1024458

Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
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June 1, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - REQUEST FOR INFORMATION

JOHN SNYDER, D. O., please send me the following
information regarding this claim:

All medical records related to the above claim.

A detailed narrative report.

PLEASE SUBMIT YOUR ACTIVE TREATMENT PLAN.

If you have any questions or concerns, you may reach me at 304-926-5375.

CC: D & M TRUCKING CORPORATION INC
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Cheryl Armes
Claims Representative 2

*Copied
in mailer
records
7/7/00
JB*

Workers' Compensation Division - Office of Claims Management
1000 State Capitol Building, Charleston, WV 25304-0421 • <http://www.state.wv.us/bep>

500688.015.0491

Attending Physician's Report

Return Completed Form To:
Workers' Compensation Division
P.O. Box 3151, Charleston, West Virginia 25332

WC-219 Rev. 9-94

SECTION I: To be completed by the injured worker (FORM MAY BE RETURNED IF ALL QUESTIONS ARE NOT ANSWERED.)

1. Claim No. 2000046841 SS No. 3340 2. Current Telephone No. 369-6657
Emp. Fisk No. 3-10-00
Claimant's Name and Address Employer's Name and Address
Christopher W. Lester, Sr.
P.O. Box 1113
Danville, WV 25003

3. Please mark any needed changes in your address as printed above.

4. Have you performed any kind of work or have you received income for any work during the time you have been certified temporarily and totally disabled? ☐ Yes ☒ No

5. I hereby certify that the statements and answers set forth above are true and correct to the best of my knowledge and belief. I am aware that the law provides for severe penalties if I knowingly and with fraudulent intent withhold a material fact or make a false statement in order to obtain or increase a benefit that I am not entitled to.
Claimant's Signature Christopher W. Lester Date 7-10-00

SECTION II: To be completed by the Attending Physician (PLEASE COMPLETE ALL QUESTIONS.) Attach Additional Pages if Necessary.

If claimant has reached maximum degree of medical improvement, please complete form WC-219a, NOTICE OF MAXIMUM MEDICAL IMPROVEMENT.

1. Date of this examination 7/10/00 2. Date of next appointment 7/13/00
Month Day Year Month Day Year

3. A. Is this the first examination and/or treatment by you for this injury? ☐ Yes ☒ No If Yes, please advise as to how the claimant came under your care.
B. Does claimant continue under your active care? ☒ Yes ☐ No If No, please explain.
C. Has the claimant been referred to another physician for any of the following? (Check appropriate box(es) and explain basis for your referral.)
☒ Consultation ☐ Evaluation ☐ Treatment awaiting auth for ortho referral

4. Diagnosis (ICD9-CM) code and description 5. Please describe your treatment plan and list medications currently being prescribed, their dosages, and the refill limit.
847.0 847.2
847.1 959.01
o/c physical therapy
maintain meds & add Lidine 500 B/d
ortho consult

6. Has normal or expected recovery been delayed due to complications, concurrent medical problems, pre-existing medical condition, subsequent trauma, etc? ☐ Yes ☒ No If Yes, please explain condition and how it has affected recovery.

7. Will claimant need rehabilitation services? ☐ Yes ☒ No If Yes, please specify. 8. Is claimant temporarily and totally disabled? ☒ Yes ☐ No If Yes, is disability due to compensable diagnosis or other causes? Please explain.

9. Please indicate the anticipated date claimant will be able to return to:
Modified Work 7/10/00 Trial Return to Work 7/10/00 Full-time Work 7/10/00

10. If the claimant has reached maximum medical improvement, is there, or do you anticipate, any permanent impairment as a result of the compensable injury? ☐ Yes ☒ No If Yes, please complete form WC-219a, Notice of Maximum Medical Improvement.

11. Physician's Name, Address & Telephone No. 12.
J. Mark Snyder DO.
Madison Medical
705 Madison Ave
Madison WV 25130
(304) 369-5170
Physician's Signature
Date

FEIN 55-0664546

MADISON MEDICAL
705 MADISON AVENUE
MADISON, WV 25130
PHONE (304)369-5170
FAX (304)369-1742

Cheryl Armes
Workers' Compensation
P.O. Box 431
Charleston, WV 25322

re: Christopher Lester
claim: 2000046841

Dear Ms. Armes,

As you are aware, Mr. Lester is now under the care of Dr. J. Mark Snyder for treatment of left shoulder strain. This is a request for an orthopedic consult with Dr. Luis Loimil in regards to this problem. Patient has also been receiving Physical Therapy for this condition and authorization to continue this treatment is requested at this time. I am enclosing progress notes on patient's physical therapy for your review. Thank you for your assistance.

Sincerely,



Freda Botts
Referral Coordinator

Attending Physician's Report

Return Completed Form To:

Workers' Compensation Division
P.O. Box 3151, Charleston, West Virginia 25332Claims Manager Cheryl Armes
Food Proc/Agg/013 & Gas Const
Claymont's County BOONE

219 Rev. 9-94

Claim No. 2000046841	SS No. 3340	2. Current Telephone No. 304-369-6657
Emp. Fisk No. 98001651	DOI 03/10/2000	
Claimant's Name and Address		
CHRISTOPHER W LESTER SR P.O. BOX 1113 DANVILLE, WV 25053		
Employer's Name and Address		
D & M TRUCKING CORPORATION 502 BOB VINES RD GHENT, WV 25843		

Please mark any needed changes in your address as printed above.

Have you performed any kind of work or have you received income for any work during the time you have been certified temporarily and totally disabled? ☐ Yes ☒ No

I hereby certify that the statements and answers set forth above are true and correct to the best of my knowledge and belief. I am aware that the law provides for severe penalties if I knowingly and with fraudulent intent withhold a material fact or make a false statement in order to obtain or increase a benefit that I am not entitled to.

Claimant's Signature _____ Date _____

THIS IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN (PLEASE COMPLETE ALL QUESTIONS AND ANSWERS) (Page 1 of 2)

Claimant has reached maximum degree of medical improvement, please complete form WC-219a, NOTICE OF MAXIMUM MEDICAL IMPROVEMENT.

1. Date of this examination 6/21/00 Month Day Year	2. Date of next appointment 7/10/00 Month Day Year
A. Is this the first examination and/or treatment by you for this injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please advise as to how the claimant came under your care.	
B. Does claimant continue under your active care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain.	
C. Has the claimant been referred to another physician for any of the following? (Check appropriate box(es) and explain basis for your referral.) <input type="checkbox"/> Consultation <input type="checkbox"/> Evaluation <input checked="" type="checkbox"/> Treatment PT	
Diagnosis (ICD9-CM) code and description 847.0 847.2 847.1 959.01	5. Please describe your treatment plan and list medications currently being prescribed, their dosages, and the refill limit. Vicodin 1-2 q 4-6h prn Flexarid 10 1/2 PDBid 2g HS
Has normal or expected recovery been delayed due to complications, concurrent medical problems, pre-existing medical condition, subsequent trauma, etc? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain condition and how it has affected recovery.	

Will claimant need rehabilitation services?
☐ Yes ☒ No If Yes, please specify.8. Is claimant temporarily and totally disabled? ☒ Yes ☐ No If Yes, is disability due to compensable diagnosis or other causes? Please explain.

Please indicate the anticipated date claimant will be able to return to:

Modified Work _____ Trial Return to Work 8/10/00 Full-time Work _____

If the claimant has reached maximum medical improvement, is there, or do you anticipate, any permanent impairment as a result of the compensable injury? ☐ Yes ☐ No If Yes, please complete form WC-219a, Notice of Maximum Medical Improvement.

Physician's Name, Address & Telephone No.

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

Phone: 304-369-5170

FEIN 550654546

12.

[Signature]
Physician's Signature

7/10/00
Date

500688.015.0494

05/18/2000 21:51 3045863551

DREMA BESS

PAGE 01

VASS VOCATIONAL SERVICES
P.O. Box 162
SUMMERSVILLE, WV 26651

**AUTHORIZATION AND CONSENT TO OBTAIN
MEDICAL AND EMPLOYMENT INFORMATION**

I hereby consent and request that the bearer be permitted to examine and obtain copies of all hospital and medical records, interview all doctors and other attendants and all employers and former employees regarding matters relating to examination, diagnosis, care and treatment of myself, earnings and loss of earnings and all educational background.

I am willing that a Photostat of this authorization be accepted with the same authority as the original.

Signed *Chris Lester*

Date 5-3-00

Address _____

Witness *Amy M. WHO*

Date 5-3-00

Witness _____

Date _____

Attn: Freda
Vocational Services
Drema Bess
PO Box 162
Summersville, WV 26651
Phone: (304) 586-3096
Fax: (304) 586-9651
Email: d.bess@prodigy.net
*Copied
mailed
6-2-00
JB*

500688.015.0495